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Bib Data Sheet

CONFIRMATION NO. 8016

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/926,580 | FILING DATE<br>06/03/2002<br><br>RULE | CLASS<br>206 | GROUP ART UNIT<br>3728 | ATTORNEY<br>DOCKET NO.<br>ATM-2241 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Peter Kancsar, Zurich, SWITZERLAND;

Laurenz Zellweger, Zurich, SWITZERLAND;  
 Michael Krohn, Zurich, SWITZERLAND; Claudia Schmauder, Zurich, SWITZERLAND;  
 Susanne Marti, Zurich, SWITZERLAND;

\*\* CONTINUING DATA LHB \*\*\*\*\*  
 This application is a 371 of PCT/EP00/04330 05/13/2000

\*\* FOREIGN APPLICATIONS LHB \*\*\*\*\*  
 EUROPEAN PATENT OFFICE (EPO) 99810480.6 06/02/1999

|                                                             |                                                                                                                                                                              |                                    |                        |                       |                            |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>SWITZERLAND | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>1 |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature LHB Initials

ADDRESS  
 Fisher, Christen & Sabol  
 1725 K Street NW  
 Suite 1108  
 Washington, DC  
 20006

TITLE  
 Child-resistant packaging for tablets

|                            |                                                                                                                   |                                                                |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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|                            |                                                                                                                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |